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Comments: With Master S	Revocation o Signature Page f	f Power of Attorney With or:			ge of Corres	pondence Address
App. No.		1st Inventor Andrew J. Dosmann	Atty Docke MSE-2652		Number 0274USPT	
10/750,271	1/2/2004	Andrew J. Dosmann	1100 2002	247002 0	02,400.1	
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AUG U 6 ZUUS PTO/SB/82 (01-06)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/750,271 Filing Date **REVOCATION OF POWER OF** 1/2/2004 ATTORNEY WITH First Named Inventor Andrew J. Dosmann **NEW POWER OF ATTORNEY** Art Unit Unassigned AND Examiner Name Unassigned CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number MSE-2652

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
<i>OR</i> √ I hereby ap	OR I hereby appoint the practitioners associated with the Customer Number: 71331				
Please change the correspondence address for the above-identified application to: The address associated with					
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I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature //pleas	ignature //please see attached master signature page for Laura Mezey//				
Name Laura I	aura Mezey, Vice President & Asst. General Counsel of Bayer HealthCare LLC				
Date श्र	、				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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This collection of information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: Baver HealthCare LLC			
Application No./Patent No.: 10/750,271 Filed/Issue Date: 1/2/2004			
Entitled: Optical Format			
Rayer HealthCare LLC , 8 (Name of Assignee) (Type of Assignee, e.g., corporation, partner	rship, university, government agency, etc.)		
states that it is: 1. the assignee of the entire right, title, and interest; or			
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is %)			
in the patent application/patent identified above by virtue of either:			
A An assignment from the inventor(s) of the patent application/patent identified above. To in the United States Patent and Tradsmark Office at Reel 014850 Frame 022 thereof is attached. OR	3 or for which a copy		
B. A chain of title from the inventor(s), of the patent application/patent identified above, to	o the current assignée as follows:		
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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must Division in accordance with 37 CFR Part 3, to record the assignment in the records 302.08]			
The undersigned (whose title is supplied below) is authorized to act on behalf of the assigned	96. 97. 04.		
//please see attached master signature page for Laura Mezey//	8-6-08		
Signature	Date		
Laura Mezey	(914) 366-1800		
Printed or Typed Name	Telephone Number		
Vice President. Assistant General Counsel and Assistant Secretary Title			

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BAYER HEALTHCARE LLC ELIZABETH A. LEVY, ESQ. P.O. BOX 409 ELKHART, IN 46515-0040

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RECORDATION DATE: 01/02/2004

REEL/FRAME: G14850/0223

NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

DOSMANN, ANDREW J.

DOC DATE: 12/15/2003

ASSIGNOR:

WOGOMAN, FRANK W.

DOC DATE: 12/16/2003

ASSI≂NEE.

BAYER HEALTHCARE LLC

P.O. BOX 40

ELKHART, INDIANA 46515-0040

SERTAL NUMBER: 10750271

FILING DATE: 01/02/2004

PATENT NUMBER:

ISSUE DATE:

TITLE: MOLDED LOW VOLUME WAVEGUIDED OFFICAL FORMAT

MARCUS KIRK, EXAMINER ASSIGNMENT DIVISION OFFICE OF PUBLIC RECORDS

Master Signature Page for Authorized Assignee of Record: Laura Mezey, Vice President and Assistant General of Bayer HealthCare LLC Revocation of Power of Attorney with New Power of Attorney for Cases Under Customer Number 71331

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PAGE 6/7 * RCVD AT 8/6/2008 2:58:58 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/2 * DNIS:2738300 * CSID:312425 39098507 * DURATION (mm-ss):0140

App. No.	Filing Date	1st Inventor	Atty Docket #	NP Docket Number
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SIGNATURE OF ASSIGNEE OF RECORD

Signature

Bayer HealthCare LLC

Name

Laura Mezey, Vice President, Assistant General Counsel and Assistant Secretary

Date

January 28, 2008

Telephone

(914) 366-1800

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28 day of

, 2008

Signature:

Dominica M Marino Notary Public, State of New York Registration #01MA6040495 Qualified in Westchester County

My Commission Expires April 24, 20/2